


1999 Insurance Company Quarterly Return for SBT and Retaliatory Tax

This form is issued under authority of P.A. 218 of 1956 and 228 of 1975. See instructions for filing guidelines.


4th QUARTER DUE: January 31, 2000

Business Name	NAIC No.	Federal Employer ID No. or TR No.
Address (No. and Street)	WRITE PAYMENT AMOUNT HERE  \$ _____ .00 Write your federal employer number on your check. Make payable to "State of Michigan." Mail to: Michigan Treasury Dept. 77229 Detroit, MI 48277-0229	
City, State, ZIP		
Taxpayer's Signature		

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3rd QUARTER DUE: October 31, 1999

Business Name	NAIC No.	Federal Employer ID No. or TR No.
Address (No. and Street)	WRITE PAYMENT AMOUNT HERE  \$ _____ .00 Write your federal employer number on your check. Make payable to "State of Michigan." Mail to: Michigan Treasury Dept. 77229 Detroit, MI 48277-0229	
City, State, ZIP		
Taxpayer's Signature		

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2nd QUARTER DUE: July 31, 1999

Business Name	NAIC No.	Federal Employer ID No. or TR No.
Address (No. and Street)	WRITE PAYMENT AMOUNT HERE  \$ _____ .00 Write your federal employer number on your check. Make payable to "State of Michigan." Mail to: Michigan Treasury Dept. 77229 Detroit, MI 48277-0229	
City, State, ZIP		
Taxpayer's Signature		

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1st QUARTER DUE: April 30, 1999

Business Name	NAIC No.	Federal Employer ID No. or TR No.
Address (No. and Street)	WRITE PAYMENT AMOUNT HERE  \$ _____ .00 Write your federal employer number on your check. Make payable to "State of Michigan." Mail to: Michigan Treasury Dept. 77229 Detroit, MI 48277-0229	
City, State, ZIP		
Taxpayer's Signature		

Place this form in a window envelope so our address is showing.

Mail To:

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